SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF	36
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16	;	17

	the name and address of any political committee to				
NAME OF COMMITTEE (In Full)					
American Health Care Associ	ation Political Action Committee				
Full Name (Last, First, Middle Initial) A. H. Ken Beebe Jr.	Date of Receipt				
Mailing Address 571 Highway 51	Mailing Address 571 Highway 51				
City	State Zip Code	11 04 2015 Transaction ID : C3197418			
Ridgeland	MS 39157-2597	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	113.00			
Name of Employer	Occupation				
Legacy Health Care Service	President				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 413.00				
Full Name (Last, First, Middle Initial)					
3. Linda Black-Kurek		Date of Receipt			
Mailing Address 7445 Liberty Woods Lane		11 23 2015			
City	State Zip Code	Transaction ID : C3197446			
Dayton	OH 45459	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	625.50			
Name of Employer	Occupation	1			
Liberty Health Care Corporation	President				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00				
Full Name (Last, First, Middle Initial) C. Heath Boddy		Date of Receipt			
Mailing Address 2201 N 98th Street		11 17 2015			
City	State Zip Code	Transaction ID : C3193609			
Lincoln	NE 68505	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	87.50			
Name of Employer	Occupation	-			
Nebraska Health Care Association	State Executive				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify) ▼	962.50				
SURTOTAL of Receipts This Dags (options)		826.00			
- The of necespits this Page (optional)					
TOTAL This Period (last page this line numb	er only)				